EXHIBIT

INSTRUCTIONS FOR TB TREATMENT AND PREVENTION

☒ Because your tuberculin skin test indicates that you have germs in your body that cause tuberculosis (TB), a special medicine called INH (Isoniazid) has been prescribed for you. If taken regularly and long enough INH will greatly reduce the chances that you will develop TB.

☐ Tests show that you have/may have tuberculosis (TB). To be cured you must take medications for several months and have regular examinations. If taken regularly and long enough these medications will cure TB. The medications for your treatment will be issued free by your local health department.

As with all medicine some side effects may occur. If you develop any of the signs or symptoms listed below, STOP taking the medicine and contact Shirley Scafield RN at the Covington County Health Department immediately.

SIGNS AND SYMPTOMS

1. Dark colored urine (coffee or tea colored)
2. Yellow skin or eyes
3. Rash or itching ⌙
4. Nausea ⌙
5. Headache ⌙
6. Dizziness ⌙
7. Loss of appetite
8. Always feeling tired ⌙
9. Unexplained high fever
10. Blurred vision ⌙
11. Pain in joints (hands/feet) ⌙

REMEMBER

1. TAKE THE MEDICATION EVERY DAY AS DIRECTED.
2. KEEP YOUR NEXT APPOINTMENT
3. CALL THE CLINIC IF YOU CANNOT KEEP YOUR APPOINTMENT.
4. DON'T RUN OUT OF MEDICATION DURING TREATMENT.
5. IF YOU HAVE ANY QUESTIONS ABOUT YOUR TREATMENT CONTACT THE CLINIC NURSE PROMPTLY.

☑ I have received a copy of this instruction sheet and have talked to a member of the health department staff about these recommendations and side effects. I agree to take the medication as prescribed by the health department TB physician for as long as prescribed. **THE ALABAMA DEPARTMENT OF PUBLIC HEALTH HAS THE LEGAL RESPONSIBILITY TO INSURE THAT YOU COMPLETE YOUR THERAPY. IF YOU DO NOT THE HEALTH DEPARTMENT IS REQUIRED BY LAW TO TAKE LEGAL ACTION TO INSURE THAT YOU DO COMPLETE THE TREATMENT.**

☑ I agree to take the INH pills for preventive therapy as prescribed by the health department physician.

☐ I have elected NOT to take INH pills for preventive therapy and hereby release the county health department of all responsibility concerning this matter.

Layria Jones
Signature of Patient or (Parent/Guardian)

3-3-06
Date

Public Health Worker.

222-1175
Telephone Number

7-5
Hours

ADPH-TB-9/2-96-rm